



Your One Source For Technology™

Customer Credit Card Authorization

COMPANY NAME		JOB NO
CASE NO	CONTACT NAME	PHONE NO
CARD TYPE	CARD HOLDER NAME	AMOUNT AUTHORIZED \$
CARD NO _____-_____-_____-_____		EXP DATE _____/_____/_____
CVV NO	BILLING ADDRESS	BILLING ZIP CODE

Customer hereby authorizes AGILITY COMMUNICATIONS to authorize, capture, and charge the credit card identified above in the amount of my billing charges on a recurring basis each month. I acknowledge and agree that the services and products delivered and/or performed are satisfactory.

I acknowledge, and guarantee that the card listed is my credit card or I am an authorized user on the credit card account. I further acknowledge the terms and conditions under which services have been rendered as published on www.agilityphone.com and agree to adhere to them.

Signature:_____

Print Name:_____

PO Box 115 ● Athens, Illinois 62613 ● (855) 206-0091

Data ● IT ● Telecom

www.agcomtech.com